



# Jail Mental Health Press

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## MESSAGE FROM THE DIRECTOR Jail Mental Health System of Care

The work of an organization can be no better than its members. This is particularly true when the work is to provide services to populations coping with poverty, mental illness, substance abuse and criminal recidivism in an extraordinarily challenging environment. I am fortunate to be able to work among the best—you who give so very much to a population so very much in need.

During the two years that I have been involved in the leadership of Jail Mental Health Services, we have together embarked upon pathways to enhance the support and opportunities you deserve. This newspaper, the staff advisory forum (on which I hope many more of you will participate), and the practice of advertising and "looking within" to fill promotional vacancies are all initiatives that have come about as a result of input directly from ideas you have provided to improve your work environment.

Many have raised the idea raised of needing a management structure that is more in tune to 21st century thinking in respect to issues of growth opportunities, consistency or approach, communication and overall sensitivity and support of those that are taking care of our clients. Last week I invited all Jail Mental Health supervisors and managers to meet with me and posed the question of what changes they thought would enable them to better support staff in the ways referenced above. The overwhelming consensus was that changing the culture of our management structure to be more inclusive of all levels of supervisory staff would eliminate some of the barriers to communication that are inherent in a top down organizational structure. It was also stated that a management structure that fosters open and honest dialogue would provide a more effective means of representing your concerns, issues, challenges, and accomplishments.

With this input, a management team that includes all in supervisory positions has been formed to discuss issues, solve problems and make decisions that will guide the direction of service delivery. I anticipate that this will have an impact on how work is done and decisions are made throughout our organization and am certain that inclusion will soon be the rule rather than the exception.

*Kathleen A. Dafy, M.D., M.P.H.*

## Mural Project At Century Regional Detention Facility

By Drs. Sara Hough and Carrie Esparza

There are beautiful new murals covering some walls in the mental health high observation housing units at Century Regional Correctional Facilities (CRDF). These murals were the vision of Women's Jail Mental Health Services (WJMHS) volunteer, Rachel Toles. Rachel arranged for artists to volunteer their time to complete their artwork. She also worked with the Sheriff's Department to obtain security clearance for all the artists.

The murals share a nature theme that include an ocean scene with tropical fish and whales, two peaceful garden complete with a fountain, a colorful mountain scene, a tropical beachfront, an open airy field and a tranquil pond. When the project is complete, eight murals will cover the empty walls in high observation.

A total of seven talented artist have thus far donated over thirty hours each to bring their individual murals

to life, and will come together to design and create a collaborative artwork for the eighth. The patients on the units are enjoying watching the creative process as the scenes emerge from the blank walls.

The Sheriff's Department shares in the excitement of the new murals and have allowed artist access to the facility as their schedules allow. WJMHS wishes to extend special recognition to Sergeants Gordon and Haney for all their hard work in assisting with the coordination of this project.

During this time, Rachel is also working with a video production specialist to create a documentary of the mural project as it unfolds at CRDF. She is hopeful she can bring to life the same type of artworks inside other correctional institutions across the country.

In order to help cover expenses for painting supplies and be able to offer travel reimbursement, Rachel held a

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*Pictured left to right: volunteer Rachel Toles, and artists: Jonathan Zamora, Michael A. Thompson, Jeannine Sharaga, Shane Horrell, James Matter, and Francisco Leon. Not pictured is Ayumi Chisolm.*

## All Symptoms Are Not Created Equal

By William Power, M.D.

A patient enters the internist's office and says, "Doc, I think I have a brain tumor!" The doctor takes a careful history, completes a neurological examination and decides whether the symptoms and history warrant a brain scan. A scan is ordered and turns out to be negative. "I have good news!", proclaims the doctor, "You do not have a brain tumor." End of story! If the patient returns a week later and makes the same claim, he will likely be referred to a mental health professional.

In mental health, there is no "end of story". We live in a cloudy world of diagnostic "assessments". We have no tests, scans, biopsies, etc. at our disposal that definitively confirm or disconfirm our clinical impressions. But do not despair! Not all diagnostic houses are built on sand. There is some bedrock to be found. The key is to identify which symptom/symptom clusters/and patterns are bedrock-like in their reliability and those that are little more than sand, offering little or no diagnostic clarity. As a metaphor, in internal medicine, a sedimentation rate ("sed rate") correlates roughly with the amount of inflammatory processes taking place in one's body. However, it is entirely non-specific and does not prove any particular diagnosis. An elevated creatine phosphokinase-MB (CPK-MB) fraction (an enzyme that only resides in heart tissue and is released when heart tissue is damaged) on the other hand is highly specific. An elevated CPK-MB and a healthy functioning heart can not coexist.

The same also applies to psychiatric symptoms. Some are very reliable and others not at all. It does not mean that the unreliable symptoms are untrue or can be ignored; one should simply be aware of their limited diagnostic value. Here are a few examples of what I am talking about:

### HIGHLY RELIABLE

(Diagnostic value):

- Word salad - I dare you to fake a "word salad." I have yet to see a

word salad that did not belong to a psychotic illness.

- A patient claims to be paranoid in his pod but later that day is observed to be playing a game and laughing in a large group-reliably not paranoid.
- An inmate quietly gives away his property-reliably belongs on FIP or the 7th floor.
- Oddness of mannerisms and interpersonal interaction-very difficult to mimic (unlike auditory hallucination) just as it is difficult for a patient with schizophrenia to mimic non-verbal socially appropriate mannerisms.
- Whatever is observed by deputies when the patient does not think he is being noticed.
- Elaborate delusional systems (ask yourself, how hard would this be to make up?)

### MODERATELY RELIABLE

- The patient proudly proclaims, "I have paranoia bipolar schizophrenia" - patient most does not have any of those diagnoses.
- "If you don't give me "A" I'm going to do "B" and it will be on YOU" - reliably an escalation rather than a de-composition.

### POOR OR NO RELIABILITY

- Most subjective claims stated in a clinical vacuum without objective correlates - "I hear voices"/"I am suicidal"/"I need my meds" (Such claims can be made by *anyone* at *any* time)
- Some behaviors - e.g. smearing feces/head banging-tells you something is going on but NOT whether it is volitional (manipulative or reactive) or psychotically based.
- "Racing thoughts" - reported by a variety of patients (ADHD, anxiety disorders, mood disorders, med seeking)

So, when we talk about symptoms, the emphasis should be on the presence (or absence) of those symptoms that are more reliable and downplayed than those that are less so. In addition, diagnostic conclusions require thoughtful data integration that might address whether the symptoms

## Congratulations!

On May 23rd, during a celebration of Asian Pacific Islander Heritage Month, our own Dr. Daphne Teoh was honored for her contributions in Community Activism by State Assembly member Mike Eng (pictured below).

Dr. Teoh was also awarded a Certificate of Recognition from Senate Majority Leader Gloria Romero and others from the Mayors of the Cities of Monterey Park and Rosemead.

Dr. Teoh has been serving the mentally ill inmates at TTCF for 11 years.



are consistent and cohesive. Is the clinical presentation what one would expect (e.g.-symptom clusters rather than a "dangling" auditory hallucination). Do timelines and epidemiologic patterns match up (one is not happily married, earning six figures and socially active and at age 50 and then suddenly become "schizophrenic"). Clinical data needs to be integrated into congruent clinical pictures or incongruencies, and incompatibilities need to be brought to light in a way that exposes the implausibility of the true mental health condition. We should always be thinking about how to move closer to clinical certainty in spite of variable reliability of the data we process.

Not all symptoms are created equal so they should be weighted accordingly. "Racing thoughts" rarely turns out to expose a bipolar mania whereas "word salad" is THE sine qua non for a thought disorder.

*NOTE: (This column reflects only one point of view put forth to stimulate clinical thinking and discussion. Any suggestions or ideas presented are NOT in any way meant to be viewed as a directive or guideline; that role is reserved for supervisors and managers.)*



## Voice of the Staff Advisory Forum

By Melvi L. Sheppard, MA

### Do You Have a Voice ?

It is my opinion that it's going to take a shift in the axis of the universe for the culture around here to be changed, or for that matter, for the people who would benefit the most to believe that it can be changed. However with that being said, there is evidence of the opportunity for change to happen.

The general staff meeting on May 13th, in my opinion, validated that the forum is accurately representing the views of the general staff. The systemic dysfunction within Jail Mental Health Services (JMHS) from the lense of the staff has been well laid out to our superiors. It is not that the forum is so insightful, but it em-

pathizes with its co-horts since our experiences are parallel. I needed to know that every time Dr. Kathleen A. Daly and Mr. Jim Allen stated that we are representatives of JMHS, we were truly representing the staff's views, opinions and concerns.

The turn out of the general staff meeting could have been better. We have the presence of the top person and her trusted advisor. We have had the ears of Dr. Daly and Mr. Allen for over 6 months, this is rare elsewhere. It proves beyond a doubt that they are trying to make change. I have said on occasion that I believe they sincerely want change and often times I think they want it without rocking the boat. In not so many words, they want change with the same pieces, which part of me understands. You try and have faith in the people you are vested in, believing when it is time to adjust their views, lense, beliefs and ways of being they will make the change. You

do all you can to support your key players to make your investment work. On the other hand, there may come a time when adjustments may have to be made to the original idea. Maybe a piece needs to be added here or there to make the environment more palatable.

I hope and I pray that this environment becomes one in which you start to believe you have a voice. I am one of those people that likes to keep it simple. For me, that means just dealing in the truth. For others, that may not be easy, but my experience has proven that it keeps my suitcase from getting to heavy. After every meeting I can paraphrase a statement Mr. Allen tells me "Melvi, we have an opportunity here. Let's not waste it by not making things happen."

*This is not necessarily the opinion of the Staff Advisory Forum*

## Murals

*Continued from page 1*

silent-auction fund-raiser at her home. If you wish to contribute to this cause, please contact Rachel at (323) 788-0050.

Special thanks to the following artist, who have donated their talent and time to make this vision a reality:

Michael A. Thompson  
(818) 921-7278, (818) 974-2497  
info@transcendingartsstudios.com  
www.transcendingartsstudios.com

Jeannine Sharaga  
(818) 298-7521  
www.muralsbyjeannine.com

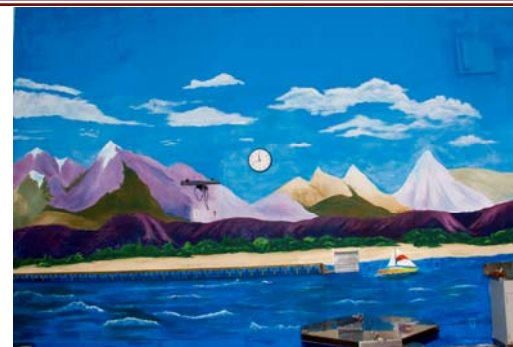
Francisco Leon &  
Jonathan Zamora  
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loonaqua@hotmail.com

Shane Horrell  
(818) 625-6457  
shanehorrell@gmail.com

Ayumi Chisolm  
(213) 215-3274  
sanoizm@yahoo.com

Additional pictures will be posted on the Department's website.



## Jail Mental Health Recruitment Fair a Success

By Beverly Williams and Elvia Trujillo

On Friday, May 2, 2008, Jail Mental Health Services (JMHS) conducted its first onsite Recruitment Fair at the Men's Central Jail for Psychiatric Social Worker I/Stipend candidates. This full day event attracted twenty-eight candidates interested in working at JMHS.

The candidates were provided information about the Department, the programs with vacancies, and the hiring process. Prior to the interviews, the candidates were taken on a tour of Twin Towers Correctional Facility (TTCF). This gave the candidates the opportunity to experience the setting and atmosphere of working in a correctional facility.

The Recruitment Fair was extremely successful and offers of employment were extended to seven candidates,

which were accepted. These candidates are now in the hiring process with the Department's Human Resources Bureau.

The success of the Fair couldn't have been accomplished without the help of the following staff who participated in various ways from planning the event to interviewing the candidates: Francesca Anello, Laura Bastianelli, Dr. Curley L. Bonds, Sylvia Contreras, Ronald Cruz, Wendy Cuadras, Belinda De Shay, Kim-An Do, Dr. Carrie Esparza, Dr. Robert Fish, Nina Ford, Francine Gastelum, Sidney Harris, Dr. Sara Hough, Julius Hudson, Joel Huschle, Victoria Kim, Jeff Lumaya, Dr. Charles Kreuter, Dr. Christine Lindsay, Janice McCall, Denise Scates, Alvin Napoleon, Dr. Zelda Nash, Precious Ruiz, Laura Soto, Lemettrice Swan, Olivia Tellez, Elvia Trujillo, Carolina Villa, and Beverly Williams.

In addition to the these staff, the Sheriff's Department also assisted with the Fair by obtaining clearances and joining the groups on the tours.

Thank you to everyone involved in this event and congratulations on a job well done!



*Pictured to the left are a few of the staff that assisted during the Jail Mental Health Services Recruitment Fair: Front Row: Carol Garcia, Denise Scates, Kim-An Do; Second Row: Belinda De Shay, Nina Ford, Olivia Tellez, Laura Soto; Third Row: Charles Kreuter, Beverly Williams, Sidney Harris, Julius Hudson*

## Pearls of Wisdom from the Staff...

"Always tell the truth. It will amaze your friends and confound your enemies."

-Samuel Clemens (Mark Twain)

*Submitted by Roger Lewis*

"No act of kindness, no matter how small, is ever wasted."

*Submitted by Janice Williams*

"The true test of a man is his use of restraint"

-Authors unknown

*Submitted by Melvi Sheppard*

*Thanks to everyone for all the submitted "Pearls of Wisdom". Those not appearing in this issue will be published in upcoming issues.*

## Jail Mental Health Opportunities

Clinical Psychologist II  
Intermediate Typist Clerk  
MH Counselor, RN  
MH Psychiatrist  
Nurse Practitioner  
Staff Assistant II  
Supervising Psychiatric Social Worker

If you are interested, or know of anyone qualified who would like to apply, please contact Denise Scates at (213) 893-5414.

### JMHS Jail Talk

*Have any comments or suggestions about this paper?*

*If so, please email them to  
nrford@lasd.org or  
jmata@dmh.lacounty.gov*

*Your input is valued*

## Calendar of Events

**June 17, 2008**

Motivational Interviewing in the Jail System \*

Twin Towers, Room TBD

9:00am—4:00pm

Training Application Forms must be submitted to Denise Scates.

**County of Los Angeles  
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Director of Mental Health**

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